EXHIBIT 5

IN THE DISTRICT COURT OF CLEVELAND COUNTY
STATE OF OKLAHOMA

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STATE OF OKLAHOMA, ex rel.,
MIKE HUNTER, ATTORNEY GENERAL
OF OKLAHOMA,

Plaintiff,

No. CJ-2017-816

vs.

(1) PURDUE PHARMA, L.P.,
(2) PURDUE PHARMA, INC.,
(3) THE PURDUE FREDERICK COMPANY;
(4) TEVA PHARMACEUTICALS USA, INC.;
(5) CEPHALON, INC.;
(6) JOHNSON & JOHNSON;
(7) JANSSEN PHARMACEUTICALS , INC.;
(8) ORTHO-McNEIL-JANSSEN
PHARMACEUTICALS, INC. n/k/a
JANSSEN PHARMACEUTICALS, INC.;
(9) JANSSEN PHARMACEUTICA, INC.,
n/k/a JANSSEN PHARMACEUTICALS, INC.;
(10) ALLERGAN, PLC, f/k/a ACTAVIS, PLC,
f/k/a ACTAVIS, INC., f/k/a WATSON
PHARMACEUTICALS, INC.;
(11) WATSON LABORATORIES, INC.;
(12) ACTAVIS LLC; and
(13) ACTAVIS PHARMA, INC.;
f/k/a WATSON PHARMA, INC.;

Defendants.

- -x

Videotaped deposition of GARY VORSANGER, M.D., Ph.D., taken pursuant to Notice, was held at the Law Offices of DRINKER BIDDLE & REATH, LLP, 105 College Road East, Princeton, New Jersey, commencing January 17, 2019, 9:08 a.m., on the above date, before Amanda McCredo, a Court Reporter and Notary Public in the State of New Jersey.

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ALSO PRESENT:

James Soto - videographer

Maria Gomez - Nix, Patterson & Roach, LLP

THE VIDEOGRAPHER: Good morning. We're on the record. The time is 9:08 a.m. Today is the 17th day of January, 2019.

We're here at 105 College Road East, Princeton, New Jersey, for the purpose of taking the videotape deposition of Dr. Gary Vorsanger in the matter of the State of Oklahoma versus Purdue Pharma, LP, et al.

The videographer is James Soto, the court reporter is Amanda McCredo, both with U.S. Legal Support.

Counsel please identify yourselves for the record.

MR. DUCK: Trey Duck, from Nix, Patterson, and Maria Gomez, from Nix, Patterson, on behalf of the State of Oklahoma.

MR. LIFLAND: Charles Lifland, O'Melveny & Myers, for Johnson & Johnson and Janssen Pharmaceuticals.

MR. WEISBAND: Vincent Weisband, O'Melveny & Myers, for Johnson & Johnson and Janssen Pharmaceuticals.

MR. FIORE: Mark Fiore, Morgan, Lewis & Bockius, on behalf of the Teva defendants.

MS. NEWSOME: Jervonne Newsome, with Lynn

Pinker Cox & Hurst, on behalf of the Purdue defendants.

THE VIDEOGRAPHER: Thank you.

Please administer the oath.

GARY VORSANGER, the witness herein, after having been first duly sworn by a Notary Public of the State of New Jersey, was examined and testified as follows:

* * *

MR. LIFLAND: So, we -- before we went on the record, we discussed a stipulation regarding objections. And the stipulation is that, my objections will also apply for the other parties here, Purdue and Teva, but not vice versa. If they object and I want to object, I will make that objection on the record separately.

MR. DUCK: Great. Thank you.

EXAMINATION BY

MR. DUCK:

Q Good morning, Dr. Vorsanger.

A Good morning.

Q How are you doing?

A I'm doing okay, thanks.

Q Can you please introduce yourself to the

to fill out a med watch form, as well; so, we could capture it formally.

Q Did Janssen receive any input directly from patients about euphoria or feeling good?

A So, my experience, what I had heard, was indirectly, but it relates to patients. I don't know if you'd want to hear that or not, Counselor.

Q Sure.

A All right. So, early on, when tapentadol was first introduced into the U.S. marketplace, we became aware that there were some reports of patients noting that -- it's actually almost the reverse of what you're asking me. So, patients were taking the medication, and they were describing as not getting the buzz, not getting the euphoria. And so, they had interpreted that as indicating that the, that the drug was not working.

I had reached out to the individuals in the field and said, "Do you know whether the healthcare providers had actually done an assessment of pain control or reduction in pain?"

And they went back, and, as it turned out, they did.

So, for example, if a patient had a pain level of level eight, and they did an -- they did

a -- asked the patient what the level of pain was after they started the medication, and had it dropped from eight to six, then, assuming no other side effects, that that would be a successful treatment for that patient.

So, we came to understand, at least early on in the U.S. marketplace, that, in fact, tapentadol wasn't giving the type of euphoria that patients may have been -- experienced with drugs like hydrocodone or oxycodone.

So, we were -- in answer to your question, we are aware of euphoria, we did get that feedback. But in this case, it was not euphoria, it was absence of euphoria that we've heard about.

But it gets anecdotal. So, I want to make sure that's clear.

Q You also received -- Janssen also received reports about patients experiencing euphoria with its drugs?

A Yes.

Q And patients saying they felt good on the drug; it made them feel good, right?

A Presumably "feel good" would have been a term -- one of the terms that people might use.

"Feel good" and other descriptions would

so, they talk about the level of evidence that they have -- "and long-term studies are needed to identify the patients who are most likely to benefit from treatment."

Q Let's switch gears and talk about Nucynta.

What were your responsibilities for Nucynta?

A So, I was a senior medical director when Nucynta was approved, working at the U.S. medical affairs group at Janssen. And my responsibilities were similar to what I've already described. I was responsible for the design of clinical studies, if we had decided that we wanted to have studies; to review data that had come in from the studies that were done by our research and development group.

I published a number of post hoc analysis from the data that were done by R&D group. I continued to work with our outcomes research group. I continued to work with our pharmacovigilance group. I continued to do some work -- do work on the promotional review committee, as I had mentioned. And then continued to run the active surveillance program, amongst other activities, as well.

Q What is Nucynta?

A Nucynta is an opioid analgesic.

Q And is it different from other opioid analgesics?

A Yes. An analgesic is a pain medication.

Nucynta is different from other pain medications. It's a semisynthetic opioid pain medication. Although its exact mechanism of action is unknown, the preclinical studies suggest that it has two mechanisms of action: One is a typical opioid-type effect, and the second one is a norepinephrine reuptake inhibitory effect. And it's believed that both of those mechanisms provide pain control.

Q And what's the significance of having two mechanisms of action?

A Well, the opioid effect from Nucynta is weaker from -- than some of the other strong opioids, such as oxycodone or morphine.

But by having the two mechanisms -- and in clinical studies, we were able to show that the product delivered very effective -- was both -- the efficacy was similar to oxycodone, although the studies weren't powered specifically to look at that, but we certainly saw that in our studies, and had -- was quite effective.

Q What about with regard to adverse event profile?

A So, because the effect that the opioid receptor is -- was postulated or hypothesized, and certainly thought to be -- from other studies, to be weaker than a strong opioid, we thought that it might be likely that there may be less abuse associated with tapentadol compared to some of the stronger opioids, such as oxycodone or morphine.

Q How about other adverse events?

A So, in addition to that, we saw -- because, again, less of an effect on the opioid receptor relative to the other ones, we saw some potential GI benefits, as well, which, which -- the reason was that we talked about.

Q And what's the approved indication for Nucynta immediate-release version?

A So, Nucynta immediate-release is approved for the treatment of acute pain. What we're -- and I'm paraphrasing it now -- for moderate to severe acute pain in patients requiring opioid analgesics, where medications of -- that were -- and I'm just describing what's in the package insert -- where lesser medications would be inadequate to provide pain control to those patients.

self-reported data in near real time on respondents from a network of facilities across the United States. These facilities utilize the assessment for treatment planning and triage in relation to substance abuse problems."

Q And how about in the prior section there, on the top of 81, the last sentence, again, of the carryover product [sic]?

A In this report?

Q No. Before that.

A Oh.

Q The last sentence there.

A The last sentence, sure.

"The various data sources are intended to complement each other; an indication of increased abuse of a particular product found in one data source can be examined and evaluated with other sources within NAVIPPRO. Continuous examination of these data streams allows monitoring of trends over time for drug abuse at a product-specific level."

Q And what did the surveillance show, again, over the years that the company looked at it, for the Nucynta products?

A For the Nucynta products, the data from the NAVIPPRO system was very similar in conclusion to

what I had also reported for the work that came out of RADARS.

And both systems, together, identified, in general, low mentions of abuse of Nucynta.

Q Now, counsel showed you a -- an exhibit -- I think it was marked as Exhibit 10. Do you still have that?

A Let's see. What number, I'm sorry?

Q Ten.

A Okay.

(Exhibit 10 was shown to the witness.)

Q Could you explain what that data is?

A So, these are data that were generated for SCEPTRE. These look like raw data to me. These are data that describe reports of Nucynta with the reaction of drug abuse. These may be -- this is information that would come into the company. Some of it may have come in from RADARS; it may have come in from other sources, as well. And these data would be analyzed, duplications would be removed. And then, for the information, where we had information, we would generate reports. And those reports would be put as part of a safety -- put information as part of a submission for a safety

C E R T I F I C A T E

I, AMANDA McCREDO, a Shorthand Reporter and Notary Public of the State of New Jersey, do hereby certify:

That the witness whose examination is hereinbefore set forth, was duly sworn, and that such examination is a true record of the testimony given by such witness.

I further certify that I am not related to any of the parties to this action by blood or marriage; and that I am in no way interested in the outcome of this matter.

Amanda McCredo

AMANDA McCREDO